

**RE: County of San Diego Deferred Compensation Plan  
Unforeseeable Emergency Withdrawal Letter of Instruction**

Dear Participant:

In accordance with your request for an Unforeseeable Emergency Withdrawal from your account, enclosed are the following:

- Unforeseeable Emergency Withdrawal Request Form
- Reply envelope (the reply envelope is not available online)

To establish an unforeseeable emergency and qualify for a withdrawal, the following conditions must apply.

1. The following reasons constitute an unforeseeable emergency under the plan:
  - Medical expense of participant to dependents not reimbursed or compensated by insurance or otherwise.
  - Severe financial hardship resulting from a sudden unexpected illness or accident of you or your dependant.
  - Loss of your property due to casualty.
  - Other similar extraordinary and unforeseeable circumstances arising as a result of an event beyond your control.
2. You must certify that:
  - The amount of the withdrawal does not exceed the amount of the financial obligation imposed upon you by the event that caused the unforeseeable emergency.
  - You have obtained all withdrawals available under all plans sponsored by your employer.

If your application is approved, the actual payment amount may vary from the amount initially requested. Variations may be due to market fluctuations. In this event, your withdrawal will be processed at the lower amount and a notification letter will accompany the withdrawal check.

## **Tax Withholding**

If your withdrawal application is approved, the money you will receive is not eligible for rollover and is subject to 10% federal tax withholding unless you elect zero tax withholding on the Unforeseeable Emergency Request Form. Your withdrawal also may be subject to state taxes. Federal withholding will apply only to the taxable portion of your distribution.

You should consult your tax adviser with specific questions about your personal situation if you are considering a withdrawal from your plan.

## **Gross Up for Taxes**

If the amount needed to satisfy your unforeseeable emergency is less than the amount you have available, you may request that the amount of your withdrawal be increased so that you have enough left to satisfy your financial need after taxes and penalties on the withdrawal. In this case, the estimated taxes will be added to the withdrawal amount. You will receive (1) the amount available, or (2) the grossed-up value, whichever is less.

If your withdrawal application is approved, your contributions to the plan will be suspended for 6 consecutive months. It is your responsibility to restart your participant contributions once the suspension period has ended.

Please review all materials carefully and complete the Unforeseeable Emergency Request Form. Make a copy of the signed form for your records and return the original to:

### **Regular Mail**

T. Rowe Price Retirement Plan Services  
Special Attn.: Forms Enclosed  
P.O. Box 17215  
Baltimore, MD 21297-1215

### **Overnight Mail**

T. Rowe Price Retirement Plan Services  
Mail Code 17215  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

If your request is approved, the withdrawal will be processed and a check will be mailed to your address of record approximately two business days after the funds have been processed from your account. If the withdrawal is denied, you will be notified. A confirmation letter will be mailed to your address of record detailing the type of withdrawal and payee information.

If you have any questions, please contact the T. Rowe Price Plan Account Line (PAL) at 1-800-922-9945. Representatives are available Monday through Friday between 7 a.m. and 10 p.m. eastern time. To reach a service representative, press pound (#) and then zero (0). For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price *my*RetirementPlan Web site at [rps.troweprice.com](http://rps.troweprice.com), available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services



**Return Address**  
T. Rowe Price Retirement Plan Services  
Special Attn.: Forms Enclosed  
P.O. Box 17215  
Baltimore, MD 21297-1512

## County of San Diego Deferred Compensation Plan Unforeseeable Emergency Withdrawal Request Form

### Participant Information

Name		Social Security Number
Street Address		
City, State, ZIP Code		
Daytime Phone Number	Evening Phone Number	Date of Birth
E-mail Address		

### Unforeseeable Emergency Withdrawal Request

I hereby request a withdrawal of \$\_\_\_\_\_ from the above plan due to the financial hardship indicated below. This amount should be equal to the amount of your immediate need.

1. I certify that my withdrawal request is for the reason checked below:

- ☐ Medical expense of participant or dependants not reimbursed or compensated by insurance or otherwise.
- ☐ Severe financial hardship resulting from a sudden and unexpected illness or accident of myself or of a dependant.
- ☐ Loss of my property due to casualty.
- ☐ Other similar extraordinary and unforeseeable circumstances arising as a result of an event beyond my control

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2. I certify that the amount I have requested as a withdrawal is no larger than the amount of my immediate need described in 1 above. I certify that I have obtained all withdrawals available under all plans sponsored by my employer.

### Gross-Up Election

You may also elect to gross up the withdrawal to help pay taxes that you may owe on the withdrawal. Check off those amounts to be grossed up.

- ☐ 10% federal income tax.
- ☐ State income tax (will be withheld to the extent required by law in your state of residency).

The amount of the withdrawal you requested will be increased by the taxes you elected above, so that after those taxes are paid, you will be left with the amount needed to satisfy your financial hardship. You will receive (1) the amount available, or (2) the grossed-up value, whichever is less.



\*RBAR69250931\*

**Income Tax Withholding**

Unforeseeable Emergency withdrawals are not eligible for rollover. Therefore, the plan is required to withhold 10% from your withdrawal as a credit against your federal taxes unless you elect not to have federal withholding. Your withdrawal also may be subject to state taxes. Federal withholding will apply only to the taxable portion of your withdrawal. There will be no withholding if your taxable payments for the year are less than \$200.

If you do not have enough federal withholding from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**Withholding Option**

You may elect not to have withholding apply to your withdrawal by checking the box below.

Federal tax withholding will be 10% unless you elect otherwise.

☐ I elect no federal taxes to be withheld.

You may also elect not to have state taxes withheld; however, they will be withheld in any event to the extent required by law.

☐ I elect no state taxes to be withheld.

**Payment Information**

- ☐ Please send check to my address of record.  
☐ Please send wire to:\*

Wire Information:

Bank name: \_\_\_\_\_

ABA number  
(nine digits): \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Further credit to: \_\_\_\_\_

Participant account  
name: \_\_\_\_\_

**\*Please check with your bank or financial institution; there may be a fee for accepting wires.**

**Participant's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature



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